

THE GOVERNOR'S SCHOOLS OF WEST VIRGINIA
West Virginia Department of Education and the Arts
Building 5, Room 205
1900 Kanawha Boulevard East
Charleston, WV 25305
(304) 558-2440

Kay Goodwin
Cabinet Secretary

Sherry Keffer
Director

May 2015

Greetings,

How exciting it is that you are going to join other West Virginia students for an unforgettable experience at the Governor's Honors Academy. This time next year, you will have completed so many college and scholarship applications that you will consider yourself an expert on dotting your i's and crossing your t's. Meanwhile, to give you a head start, there are forms that you must complete before attending the Governor's Honors Academy.

Because it worked so well last year, your class selections and favorite educator forms will be submitted online. The forms looks burdensome, but they're really not. You just have to do some thinking. **By May 22, directions for completing the form will be posted on the website or sent to you via email.**

Each year, students are asked to invite a teacher who has been especially important in his/her education to the Favorite Educator Luncheon, which will be held at Fairmont State on Sunday, July 12.

Please make this easier for all of us by completing and submitting the following paper forms, which include student information, medical data, the description of a celebration we will have to honor the educator who has made a difference in your life, and some other permission documents.

Directions for Completing Forms

All of the following forms are to be mailed by May 30, 2015.

Dr. Robert Baker, dean
W.Va. Governor's Honors Academy
Fairmont State University
1201 Locust Avenue
Fairmont, WV 26554

GHA will be a wonderful experience for you. I look forward to seeing you June 28

With great anticipation,

Sherry L. Keffer

Sherry Keffer, director, Governor's Schools of West Virginia

WV GHA - STUDENT INFORMATION FORM			
Print clearly in black ink. (Use the white boxes, not the shaded ones)			
Full Names			
Last		E-mail Address	
First		Middle	
Date of Birth (mm-dd-yyyy) Age:		Place of Birth	
Contact Information			
Street Address		Home Phone	
City	State and ZIP		
High School and County		Preferred Name (to be used on nametag)	
Gender (circle one)		Adult T-Shirt Size (circle one)	
<div style="display: flex; justify-content: space-around;"> Male Female </div>		<div style="display: flex; justify-content: space-around;"> Small Medium Large </div> <div style="display: flex; justify-content: space-around;"> XL XXL XXXL </div>	
Publicity Release			
<p>The undersigned hereby grant permission to the West Virginia Governor's Honors Academy, the West Virginia Department of Education and the Arts, Fairmont State University, its representatives and successors to use identified photographs, video and audio recordings, and press releases of the student for the purpose of publicity and other promotions, including Internet publications. The student's name and address may be released to institutions providing educational excellence, and photos and contact information may be printed in a student directory.</p>			
Signature of Student		Signature of Parent/Guardian	
Date		Date	
Release from Liability			
<p>The undersigned hereby release the West Virginia Governor's Honors Academy and its staff, the West Virginia Department of Education and the Arts, and Fairmont State University from any and all claims arising from the undersigned student's participation in the WV GHA.</p>			
Signature of Student		Signature of Parent/Guardian	
Date		Date	
Rules Agreement and Field Trip Permission			
<p>Having reviewed and discussed (student/parent/guardian) the rules in the Handbook for attendance, participation, and living applicable to the West Virginia Governor's Honors Academy at Fairmont State University, the undersigned student agrees to abide by all rules of the school and commit to attend the GHA from June 28-July 18, 2015. The undersigned parent/guardian gives permission for the student to participate in any field trips planned and organized by the GHA, including a weekend trip to Washington, DC, July 3-5.</p>			
Signature of Student		Signature of Parent/Guardian	
Date		Date	
Consent to Participate			
<p>The undersigned student hereby acknowledges that I have read the <i>Handbook for Students and Parents</i> and that I agree to participate fully in the activities of the Governor's Honors Academy. I agree to follow the rules set by the dean, and I fully understand that my cell phone/communicative device will be left in the dorm while I am in class or a planned program or activity unless my teacher requests that it be used in class.</p> <p>I agree to wear my name tag at all times when I am out of the dormitory.</p>		<p>I, the undersigned parent/guardian of the student named in this document, consent to my child's participation in the GHA. Having read the <i>Handbook for Students and Parents</i>, I have discussed behavior expectations with him/her. I assume personal responsibility for any costs of medical attention or injuries my child may sustain as well as for any damage to property resulting from my son's/daughter's behavior.</p>	
Signature of Student		Signature of Parent/Guardian	
Date		Date	

Name: _____

Last, First Middle

WV GHA - EMERGENCY CONTACT AND MEDICAL INFORMATION

The information on this form is gathered to assist us in identifying appropriate care. Any changes of the information on this form after it is sent in should be provided to WV GHA personnel upon your arrival. Provide complete information so that the WV GHA can be aware of your needs.

Please notify the WV GHA if the herein named student is exposed to any communicable disease during the four weeks previous to arrival.

Emergency Contact #1

Full Name	Relation to Student
Day Telephone	Evening Telephone

Emergency Contact #2

Full Name	Relation to Student
Day Telephone	Evening Telephone

Family Physician

Full Name	Office Address
Day Telephone	Evening Telephone, if available

Permission to Provide Necessary Treatment or Emergency Care

As the legally recognized parent or guardian of the individual named above, by signature below, I hereby give authority and permission to the GHA staff, the staff of Fairmont State University, and licensed medical professionals to obtain and provide necessary medical treatment, including, but not limited to, diagnostic X-rays, routine tests, and treatment, including hospitalization; to release any records necessary for medical or insurance purposes; to provide or arrange necessary related transportation for my child; to administer, as needed, the over-the-counter medications listed below (**strike through any exceptions**); and to copy this completed form (to accompany the participant on trips outside of our facility). I understand that every practical effort will be made to contact me or other parents or guardians of the participant if a medical emergency occurs. **I have also enclosed a copy of both sides of the medical insurance card that covers the individual named above. (Do NOT send the actual insurance card)**

Over-the-Counter Medications and indications:

- | | |
|--|---|
| • Sunscreen, topically for sun exposure | • Robitussin (Guifenesin), per weight/age dosing for cough |
| • Bug Repellant, topically | • Benadryl (Diphenhydramine) oral, per directions for weight/age for rash/itch, rhinitis, sneezing, itchy eyes without acute asthma episode |
| • Maalox/Tums, for upset stomach | • Tylenol, per weight/age dosing, for pain, fever, headache |
| • Milk of Magnesia, for constipation | • Motrin, per weight/age dosing, for pain |
| • Kaopectate, for diarrhea | • Throat Lozenge, for sore throat |
| • Calamine/Anti-itch lotion, topically, for itch/contact dermatitis | • Dramamine (Dimenhydrinate)/meclizine, for motion sickness |
| • Throat Bacitracin/Triple Antibiotic Ointment, topically, for wound care infection prevention | • Epinephrine and Benedryl, for severe anaphylactic reaction |

Signature of Student

Date

Signature of Parent/Guardian

Date

General Questions

Has/does the participant:

- | | Yes | No | | Yes | No |
|--|-----------------------|-----------------------|--|-----------------------|-----------------------|
| 1. Had any recent injury, illness or infectious disease? | <input type="radio"/> | <input type="radio"/> | 15. Ever been diagnosed with a heart murmur? | <input type="radio"/> | <input type="radio"/> |
| 2. Have a chronic or recurring illness/condition? | <input type="radio"/> | <input type="radio"/> | 16. Ever had back problems? | <input type="radio"/> | <input type="radio"/> |
| 3. Ever been hospitalized? | <input type="radio"/> | <input type="radio"/> | 17. Ever had problems with joints? (e.g. knees, ankles)? | <input type="radio"/> | <input type="radio"/> |
| 4. Ever had surgery? | <input type="radio"/> | <input type="radio"/> | 18. Have any skin problems? | <input type="radio"/> | <input type="radio"/> |
| 5. Have frequent headaches? | <input type="radio"/> | <input type="radio"/> | 19. Have diabetes? | <input type="radio"/> | <input type="radio"/> |
| 6. Ever had a head injury? | <input type="radio"/> | <input type="radio"/> | 20. Have asthma? | <input type="radio"/> | <input type="radio"/> |
| 7. Ever been knocked unconscious? | <input type="radio"/> | <input type="radio"/> | 21. Had mononucleosis in the past 12 months? | <input type="radio"/> | <input type="radio"/> |
| 8. Wear eyeglasses, contacts, or protective eye wear? | <input type="radio"/> | <input type="radio"/> | 22. Had problems with diarrhea/constipation? | <input type="radio"/> | <input type="radio"/> |
| 9. Ever had frequent ear infections? | <input type="radio"/> | <input type="radio"/> | 23. Have problems with sleepwalking? | <input type="radio"/> | <input type="radio"/> |
| 10. Ever passed out during or after exercise? | <input type="radio"/> | <input type="radio"/> | 24. If female, have an abnormal menstrual history? | <input type="radio"/> | <input type="radio"/> |
| 11. Ever been dizzy during or after exercise? | <input type="radio"/> | <input type="radio"/> | 25. Have a history of bed-wetting? | <input type="radio"/> | <input type="radio"/> |
| 12. Ever had seizures? | <input type="radio"/> | <input type="radio"/> | 26. Ever had an eating disorder? | <input type="radio"/> | <input type="radio"/> |
| 13. Ever had chest pain during or after exercise? | <input type="radio"/> | <input type="radio"/> | 27. Ever had emotional difficulties requiring professional help? | <input type="radio"/> | <input type="radio"/> |
| 14. Ever had high blood pressure? | <input type="radio"/> | <input type="radio"/> | | | |

Please explain any "yes" answers, noting the number of the questions (attach additional pages as necessary). _____

Student Name _____ Med Information Page Two

Immunizations (Please fill out as completely as possible.)

Which of the following

_____ Measles	_____ DTP	_____ Haemophilus
_____ Chicken pox	_____ TD	_____ Influenza B
_____ German measles	(tetanus/diphtheria)	_____ Hepatitis B
_____ Mumps	_____ Tetanus	_____ BCG (tuberculosis vaccine)
_____ Hepatitis	_____ Polio	_____ Date of latest Tetanus
_____ TB Test	_____ MMR	vaccine
_____ Date of last test _____	_____ or Measles	
_____ Result: _____ Positive _____ Negative	_____ or Mumps	
	_____ or Rubella	

Allergies – List all known allergies, describe reaction, and describe management of the reaction

Medication allergies

Food allergies

All Other allergies (Please include insect stings and environmental allergies, using extra paper if necessary. Be specific)

Medications being taken

Please list ALL medications, including over-the-counter or non-prescription drugs, taken routinely. Bring sufficient amounts of medication to last the entire time at the GHA. Keep it in the original package or bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Check one:

- This person takes NO medications on a routine basis, or
- This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

(Attach additional pages for more medications.)

Special Dietary Needs--Please note special dietary **needs** here so that plans can be made with the food service.

This health history is correct and complete as far as I know.

Parent/Guardian Signature

Date

Student Signature

Date

STUDENT REPRESENTATIVE TO GOVERNOR'S SCHOOLS ADVISORY COUNCIL

Each year, one male and one female student are elected by their GHA peers to sit on the Governor's Schools Advisory Council. This is an honor with concomitant responsibility. The elected students **must** be able to come to Charleston three times during the school year: a one-day meeting, a two-day meeting, and another trip to address the legislature. Keep in mind that this necessitates missing school, so if you are unwilling or unable to miss 3 or 4 days of instructional time, you should not run for this position. When overnight stay is involved, minor students must be accompanied by an adult, so this is a commitment by parents as well. The Office of Education and the Arts will directly cover the cost of lodging; meals and mileage will be reimbursed at the allowable state rate. Students who were elected to the Advisory Council as a GSA representative are **not eligible** to run as GHA reps.

If elected to the Governor's Schools Advisory Council, I will fulfill the obligations described above.

Student Signature: _____ Date _____

If my son/daughter is elected as student representative to the Governor's Schools Advisory Council, I will support his responsibilities as described above.

Parent Signature: _____ Date _____

BRUNCH RESERVATION

Brunch on move-in day will be provided in the dining hall, 10 a.m.-1 p.m., at no cost for the student and two guests. Any additional guests will need to purchase meals at the usual and customary price. Purchases may be made with cash only.

I will have brunch on opening day. _____ Yes _____ No

Please plan for _____ (number) of guests. I understand that all guests exceeding two will pay cash.

Student Signature _____

Final Checklist of items you are to send to

**Dr. J. Robert Baker, dean
Governor's Honors Academy
Fairmont State University
1201 Locust Avenue
Fairmont, WV 26554**

Mail no later than May 30

1. Signature Form	2. Include Insurance Card
3. Medical Information (2 pages)	4. List of special dietary needs
5. Student Rep Form, if applicable	6. Opening Day Brunch Reservation

Do not send these forms to Charleston. If you do, they will be returned to you!